

State of Hawaii  
Department of Health  
Adult Mental Health Division

**Addendum Number 2**

**July 5, 2006**

**To**

**Request for Proposals**

**RFP No. HTH 420-7-06  
ASSERTIVE COMMUNITY TREATMENT  
Island of Maui (Excluding Hana)  
May 31, 2006**

**July 7, 2006**

**ADDENDUM NO. 2**

**To**

**REQUEST FOR PROPOSALS  
Assertive Community Treatment  
RFP No. HTH 420-7-06**

The Department of Health, Adult Mental Health Division (AMHD) is issuing this addendum to RFP Number 420-7-06, Assertive Community Treatment Services:

- ☒ Responding to questions that arose at the orientation meeting of June 9, 2006 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☐ Amending the RFP.

The proposal submittal deadline:

- ☐ is amended
- ☒ is not amended.

Enclosed is (are):

- ☒ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☐ Amendments to the RFP.

Should you have any questions, contact:

Ray Gagner  
Tel. (808) 586-4688  
Email: [rlgagner@amhd.health.state.hi.us](mailto:rlgagner@amhd.health.state.hi.us)  
AMHD  
1250 Punchbowl Street, Room 256  
Honolulu, HI 96813

RFP No. 420-7-06, Assertive Community Treatment, is amended as follows:

***Sub-      Page***  
***section***

**Section 1, Administrative Overview**

No Changes

**Section 2, Service Specifications**

No Changes

**Section 3, Proposal Application Instructions**

No Changes

**Section 4, Proposal Evaluation**

No Changes

**Section 5, Attachments**

No Changes

Responses to Questions Raised by Applicants for RFP No. HTH 420-7-06  
Assertive Community Treatment Services  
Island of Maui (Excluding Hana)

**1. Question:**

How long are consumers usually in ACT?

**Answer:**

Please refer to the Assertive Community Treatment Criteria and Authorization Form which is attached (Attachment 1).

**2. Question:**

What is your experience with the financial reimbursement at \$27.00? Is this rate successful with other Providers?

**Answer:**

This reimbursement rate was determined by a consultant hired by AMHD working with the Med-Quest Division and was based on the ACT model.

**3. Question:**

What outcomes are you tracking and what are current contract differences? What is the differences with outcomes and staffing requirements?

**Answer:**

Please refer to the attached Baseline and End of Month Data Collection Forms that are submitted monthly (Attachment 2 and 3). Please note that this is in addition to other AMHD requirements for programs. The staffing requirements listed in this RFP must be met by the provider selected.

**4. Question:**

What experience does Division have with cost reimbursement for existing ACT programs?

**Answer:**

The service has been reimbursed on a cost reimbursement in the past.

**5. Question:**

Please send revised Admission and Discharge criteria.

**Answer:**

See Attachment 1.

**6. Question:**

If Peer Specialist not available on Maui what do you do?

**Answer:**

The ACT team is required to have a Certified Peer Specialist. Please refer to Question 13.

**7. Question:**

Is cost reimbursement on submitted budget what happens on cost overrun? Can they bill cost overrun?

**Answer:**

No. AMHD will only reimburse within the limit of the budget submitted by the program and accepted by the AMHD.

**8. Question:**

How many “daily meetings” does the psychiatrist have to attend besides the 2 in person. If we have more than one daily meeting, does this change this requirement?

**Answer:**

Daily meetings are required a minimum of 5 times per week.

**9. Question:**

How often will ACT consultants visit or train on-site?

**Answer:**

This will need to be worked out between the ACT team and the consultants.

**10. Question:**

If the ratio is 1:10 for 50 consumers = 5 staff minimum (excluding MD & prog asst), why do we need to have 6 (excluding MD & prog asst)?

**Answer:**

Six (6) staff are needed to adequately provide services in addition to providing adequate 24/7 crisis coverage, and coverage for vacation and sick leaves.

**11. Question:**

Is it correct that the requirements is 2 FT QMHP's & the psychiatrist for 50 consumers? Is there a concern about the available resources to meet this requirement?

**Answer:**

In addition to the psychiatrist, the program is required to have a Team Leader who is a QMHP and a therapist who is a licensed clinical social worker, licensed marriage and family therapist, licensed clinical psychologist or licensed mental health counselor.

**12. Question:**

Can the CSAC be a high school graduate who has a CSAC? If it is required to have bachelors degree & CSAC is there a concern about the available resources to meet this requirement?

**Answer:**

A full time certified substance abuse counselor who is a QMHP, MHP or MHW as defined in Section 5, Attachment F. is required.

**13. Question:**

Will AMHD be providing more certification training for peer specialists? Also a resource concern as there is currently only 1 CPS on Maui.

**Answer:**

Yes, the next training is scheduled for August 14-28, 2006 on Oahu. Consumers accepted for the training are provided with airfare, room and board if they are from the neighbor islands. At a minimum, the training is offered once a year.




STATE OF HAWAII  
DEPARTMENT OF HEALTH  
ADULT MENTAL HEALTH DIVISION  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**AMHD ADMINISTRATIVE DIRECTIVE**  
**2006-09**

June 14, 2006

TO: AMHD Funded Public and/or Private Programs Services  
CMHC System Administrator  
Acting HSH Administrator  
AMHD Division Administration Staff

FROM: Thomas W. Hester, M.D.  
Chief, Adult Mental Health Division 

SUBJECT: **NEW ASSERTIVE COMMUNITY TREATMENT CRITERIA AND  
AUTHORIZATION FORM**

The Adult Mental Health Division (AMHD) Executive Team has reviewed the Assertive Community Treatment (ACT) criteria and determined revisions to the current criteria and the Utilization Management (UM) Authorization Form are clinically necessary. This decision was made based on information from numerous sources such as:

- Expert consultation from Indiana;
- ACT fidelity reviews conducted from November, 2005 through January, 2006 using the Dartmouth Assertive Community Treatment Scale (DACTS);
- ACT Quality Improvement Team meetings; and
- Statewide Medical Executive Committee recommendations.

These changes are designed to improve team functioning by ensuring that consumers served by ACT teams need this level of service. The changes include admission criteria, which are specific in regards to diagnosis, presenting problem, and behavioral risks. The continued stay and discharge criteria have also been amended to reflect the population to be served by the ACT teams.

**AMHD ADMINISTRATIVE DIRECTIVE**

## **AMHD ADMINISTRATIVE DIRECTIVE 2006-09**

New Assertive Community Treatment Criteria and Authorization Form

May 30, 2006

Page 2

The use of the revised criteria will be phased in as follows:

- The revised criteria shall be used when authorizing ACT services for new consumers.
- AMHD UM shall use the revised criteria to review hospitalized consumers who are receiving ACT services.
- Providers shall use the revised criteria when requesting continued authorization for consumers currently in ACT. If the consumer does not meet the new ACT criteria, providers shall document reasons such as court ordered to continue the consumer in ACT.

For those ACT consumers who are determined to not meet the revised ACT criteria and/or denied a request for exemption, a transition period up to 45 days will be automatically authorized by UM. The AMDH Medical Director shall review all requests for exemption. Providers who do not agree with the determination are encouraged to use the AMHD Appeal process.

A copy of the new UM form is attached. Any questions or concerns should be directed to Ms. Kathy Yoshitomi, Treatment Services Director or Ms. Karen Krahn, Chief of Clinical Operations, at 733-4489.

**EFFECTIVE DATE: June 19, 2006**

Attachment



# BASELINE (12 MONTH PRIOR TO ADMISSION) DATA COLLECTION FORM<sup>1</sup>

## AMHD ASSERTIVE COMMUNITY TREATMENT

- Complete the following information on all newly admitted consumers within, and no later than, one week on admission into your ACT Program. For newly admitted consumers registered to ACT but still residing in hospital, postpone the completion of the Baseline Data Collection Form until the consumer is discharged into the community. For these consumers collect/submit the baseline data, within, and no later than, one week after first contact in the community.
- The reference period is 12 months prior to admission to the program (or first contact in the community). A calendar is printed on the back of this form to facilitate recall over the past year.
- Data should be submitted (via mail or fax) to Mental Health Services Research, Evaluation, and Training Program within seven working days of collecting the data.
  - Mail completed forms to Services Research and Evaluation Center, Manoa Innovation Center, 2800 Woodlawn Drive Suite #120, Honolulu, HI, 96822, or
  - Fax completed forms to (808) 539-3940

<b>Agency Name:</b>	<b>Reported By:</b>
<b>Consumer Name:</b>	<b>Consumer Reference # (12 digits):</b>
<b>Admission Date (Month/Day):</b> <b>2006</b>	<b>Form Completion Date (Month/Day):</b> <b>2006</b>
<b>County:</b> <input type="checkbox"/> Oahu <input type="checkbox"/> Hawai'i - Hilo <input type="checkbox"/> Hawai'i - Kona <input type="checkbox"/> Maui <input type="checkbox"/> Kauai	

In the past <b>12 months</b> , how many <b>times</b> has the consumer: (fill in zero if outcome did not occur):	Number of Times	Unknown
- Been to the emergency room for medical reasons?		<input type="checkbox"/>
- Been to the emergency room for psychiatric reasons?		<input type="checkbox"/>
- Been to the emergency room for substance abuse reasons?		<input type="checkbox"/>
- Been hospitalized for medical reasons?		<input type="checkbox"/>
- Been hospitalized for psychiatric reasons – HSH/Kahi Mohala?	_____	<input type="checkbox"/>
- Been hospitalized for psychiatric reasons – Other Hospital?		<input type="checkbox"/>
- Been hospitalized for substance abuse reasons?		<input type="checkbox"/>
- Been arrested for a new charge?		<input type="checkbox"/>
- Been incarcerated?		<input type="checkbox"/>
- Attempted suicide?		<input type="checkbox"/>
- Relapsed on drugs and/or alcohol?		<input type="checkbox"/>
- Been in residential treatment for substance abuse?		<input type="checkbox"/>
- Been involved in some sort of educational/vocational program?		<input type="checkbox"/>
- Been competitively employed? (In a position that a person without SMI could compete for)		<input type="checkbox"/>

In the past <b>12 months</b> , how many <b>days</b> has the consumer been homeless? (includes IHS) (fill in zero if outcome did not occur):	# of Days	Unknown
		<input type="checkbox"/>

What is the consumer's CURRENT living arrangement? (Check one box)	
<input type="checkbox"/> Homeless/unsheltered	<input type="checkbox"/> Homeless/sheltered (e.g., IHS)
<input type="checkbox"/> HUD (Shelter + Care Rental Subsidy Program)	<input type="checkbox"/> Licensed Care Home
<input type="checkbox"/> 8-16 Hour Group Home	<input type="checkbox"/> 24-Hour Group Home
<input type="checkbox"/> Specialized Residential Housing	<input type="checkbox"/> Living with family
<input type="checkbox"/> Interim Housing (Licensed specialized residential program designed for those at risk of losing their CR)	<input type="checkbox"/> Independent Living (Private Residence, Supported Housing, Section 8, Semi-independent living)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Prison/Jail/Detention Home
<input type="checkbox"/> Other	<input type="checkbox"/> Unable to locate (Missing in Action)/Don't Know

<sup>1</sup> Modified March 9, 2006    Contact A.S. Crisanti, Mental Health Services Research, Evaluation, and Training Program, AMHD, (808) 895-0440, or [ascrisan@amhd.health.state.hi.us](mailto:ascrisan@amhd.health.state.hi.us).

# 2006

## January

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## September

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## END OF MONTH DATA COLLECTION FORM<sup>1</sup>

### AMHD ASSERTIVE COMMUNITY TREATMENT

- Complete the following form on each ACT consumer registered to your program at the end of every month (see footnote #2 for newly admitted consumers)<sup>2</sup>. Complete a form every month for as long as the consumer is in treatment, and at discharge from the ACT Program.
- The reference period is the first through the last day of the month. A calendar is printed on the back to facilitate recall.
- Data should be submitted (via mail or fax) by the 7th working day of the next month to Mental Health Services Research, Evaluation, and Training Program (MHSRET).
- **Mail** completed forms to Services Research and Evaluation Center, Manoa Innovation Center, 2800 Woodlawn Drive Suite #120, Honolulu, HI, 96822, or **Fax** completed forms to (808) 539-3940

<b>Agency Name:</b>	<b>Reported By:</b>
<b>Consumer Name:</b>	<b>Consumer Reference # (12 digits):</b>
<b>Admission Date (Month/Day/Yr):</b>	<b>Form Completion Date (Month/Day):</b> <span style="float: right;"><b>2006</b></span>
<b>Administration Point:</b> <input type="checkbox"/> End of Month Follow-Up <input type="checkbox"/> Discharge, If Discharged, List Date: Mo      /Day      /Yr 2006	
<b>County:</b> <input type="checkbox"/> Oahu <input type="checkbox"/> Hawai'i - Hilo <input type="checkbox"/> Hawai'i - Kona <input type="checkbox"/> Maui <input type="checkbox"/> Kauai	

In the <i>past month</i> , how many <b>times</b> has the consumer (fill in zero if outcome did not occur):	Times	Unknown
-Attempted suicide?		<input type="checkbox"/>
-Been arrested for a new charge?		<input type="checkbox"/>
-Been to the emergency room for psychiatric reasons?		<input type="checkbox"/>
-Been to the emergency room for substance abuse reasons?		<input type="checkbox"/>
-Been to the emergency room for medical reasons?		<input type="checkbox"/>

In the <i>past month</i> , how many <b>days</b> has the consumer been (fill in 0 if outcome did not occur):	Days	Unknown
- Homeless? (also includes Homeless Shelter and IHS)		<input type="checkbox"/>
- In Licensed Crisis Residential Services?		<input type="checkbox"/>
- Incarcerated?		<input type="checkbox"/>
- Hospitalized for psychiatric reasons - HSH/Kahi Mohala?	—	<input type="checkbox"/>
- Hospitalized for psychiatric reasons - Other Hospital?		<input type="checkbox"/>
- Hospitalized for substance abuse reasons?		<input type="checkbox"/>
- Hospitalized for medical reasons?		<input type="checkbox"/>
- Competitively employed? (In a position that a person without SMI could apply/compete for)		<input type="checkbox"/>

In the <i>past month</i> , has the consumer:	Yes	No	Unknown
- Relapsed on drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Been in residential treatment for substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Been involved in some sort of educational/vocational program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the consumer's <b>CURRENT</b> living arrangement? (Check one box)	
<input type="checkbox"/> Homeless/unsheltered	<input type="checkbox"/> Homeless/sheltered (e.g., IHS)
<input type="checkbox"/> HUD (Shelter + Care Rental Subsidy Program)	<input type="checkbox"/> Licensed Care Home
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<input type="checkbox"/> Hospital	<input type="checkbox"/> Prison/Jail/Detention Home
<input type="checkbox"/> Other	<input type="checkbox"/> Unable to locate (Missing in Action)/Don't Know

<sup>1</sup> Modified March 8, 2006, Contact A.S. Crisanti, MHSRET, AMHD, (808) 895-0440, or [ascrisan@amhd.health.state.hi.us](mailto:ascrisan@amhd.health.state.hi.us).

<sup>2</sup> For newly admitted consumers, a "Baseline Data Collection Form" should be completed within seven days of first contact in the community. The first "End of Month Data Collection Form" should be completed after at least 30 days has past since completion of the "Baseline Data Collection Form". For example, the first "End of Month Data Collection Form" should be completed May 1<sup>st</sup> (for outcomes that occurred in the month of April) for any consumer whose baseline was completed between March 2<sup>nd</sup> and March 31<sup>st</sup>.

# 2006

## January

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